

COST QUOTATION

BROKERAGE/AGENT SERVICES

**THIS FORM MUST BE SIGNED AND
RETURNED WITH PROPOSAL**

We agree to provide the brokerage services described in the Mississippi Department of Public Safety Request for Proposal for Excess Workers' Compensation Insurance Brokerage/Agent Services for the guaranteed flat fees listed below:

YEAR 1 _____

YEAR 2 _____

YEAR 3 _____

YEAR 4 _____

YEAR 5* _____

*Applicable in the event the one year contract extension option is elected by the Mississippi Department of Public Safety

Unless otherwise agreed to by the Mississippi Department of Public Safety, 50% of the flat fee is billable upon delivery receipt of the binder for coverage, with the remaining 50% to be paid upon delivery of the executed policy.

In addition to the flat rate for brokerage/agent services described in the RFP we agree to provide upon request by the Mississippi Department of Public Safety the following additional services at the rates listed below:

All rates quoted herein are guaranteed through the term of the contract.

Signed/Date

Organization